

Wisconsin Medicaid fee schedule for case management services

Procedure code	Description	Contracted rate*	Reimbursement (federal share) paid 10/1/02 through 3/31/03	Reimbursement (federal share) paid 4/1/03 through 9/30/03	Reimbursement (federal share) paid on and after 10/1/03
W7051	Assessment	\$43.27	\$25.28	\$26.62	\$26.56
W7061	Case planning	\$43.27	\$25.28	\$26.62	\$26.56
W7062	Institutional discharge planning	\$43.27	\$25.28	\$26.62	\$26.56
W7071	Ongoing monitoring and service coordination	\$43.27	\$25.28	\$26.62	\$26.56
T1017 with modifiers "U1"- "U4"	Targeted case management, each 15 minutes	\$10.82	N/A	N/A	\$6.64

\*Contracted rates are effective for dates of service (DOS) on and after July 1, 2002, *except* for procedure code T1017, which is effective for DOS on and after October 1, 2003.

Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

<b>Procedure Code</b>	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
<b>Description</b>	An abbreviated description of the procedure code.
<b>Contracted Rate</b>	The uniform rate determined by the Division of Health Care Financing (DHCF).
<b>Reimbursement (federal share)</b>	The federal share of the contracted rate. This is the amount paid per unit by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, prior authorization).

The preceding information is intended to help providers understand the Wisconsin Medicaid fee schedule. For questions about the fee schedule, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883. For questions about rates, providers should contact the DHCF by writing to:

Policy Analyst  
Division of Health Care Financing  
Case Management Services  
PO Box 309  
Madison WI 53701-0309